FILED
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U.S. DISTRICT COURT
EASTERN DISTRICT OF MO
ST. LOUIS

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
EASTERN DIVISION

UNITED STATES OF AMERICA,
Plaintiff,
v.
MANISH SUTHAR, P.C.,
Defendant.

No. 4:16CR484 CEJ

INFORMATION

The United States Attorney charges that:

The Defendant

1. At all times relevant to this Indictment, defendant Manish Suthar P.C. ("MSPC") was a professional corporation established in Missouri that maintained an office and conducted business in St. Louis County, Missouri, within the Eastern Division of the Eastern District of Missouri.

2. MSPC typically provided pain relief services to patients. Dr. Manish Suthar was the President of MSPC and the only member of its Board of Directors, and had day to day authority for the operations of MSPC. All of the employees' actions that are discussed in the Information were taken within the course and scope of their corporate authority and employment for the benefit of MSPC.

Background

3. The Medicare program provides payment for covered health care benefits, items, and services that are provided to eligible beneficiaries. Medicare was and is a federally funded health care benefits program under 18 U.S.C. § 24(b). The United States Department of Health

and Human Services is an agency of the United States which administered the Medicare program. MSPC used a Medicare enrollment provider number associated with Dr. Manish Suthar when submitting claims and requests for payment.

4. Prolotherapy is a medical procedure that allegedly relieves pain. Prolotherapy typically involves a doctor injecting patients with a solution containing dextrose in or around a patient's joints or back in an attempt to provoke a biological response that results in the relief of pain and/or the growth of new cells.

5. Medicare has stated that prolotherapy was an unproven and experimental procedure that has no verified medical effectiveness. Therefore, Medicare does not provide payment to doctors who administer prolotherapy injections and later make claims for reimbursement of this procedure. Medicare and its contractors have issued multiple coverage determinations explaining why the program does not cover prolotherapy or provide payment for doctors who use prolotherapy. The Medicaid program and many private health care benefit programs take similar positions towards prolotherapy, and also do not provide payment for this therapy.

6. At all times relevant to this Information, employees of MSPC knew that prolotherapy and dextrose injections had not received approval as a drug or treatment strategy from the U.S. Food and Drug Administration. MSPC's website stated that prolotherapy was not taught as a first line treatment in medical schools. Specifically, MSPC employees began receiving notices from various health care benefit programs as early as September 2007 denying claims for reimbursement of prolotherapy services and injections. These denial notices informed MSPC that prolotherapy was experimental and not covered and therefore no benefits were payable for this procedure, even if MSPC had billed the services under Current Procedural

Terminology ("CPT") numerical billing codes 20550 or 77003. A June 2013 notice to this effect from the records of another health care benefit program informed defendant that prolotherapy was experimental, and again denied payment for this therapy. Certain employees at MSPC with billing responsibilities were aware of the denial notices from various health care benefit programs for prolotherapy, and discussed these issues for prolotherapy.

7. Still, after the 2007 and 2013 denial notices were received by MSPC and discussed by employees, MSPC continued to submit claims under various CPT codes to assorted health care benefit programs for prolotherapy, especially CPT code 20550. Some prolotherapy patients, at least according to defendant's claims for reimbursement, were billed for many injections.

8. After June 2013, given the denial notices and the corresponding failure of MSPC to receive payment for those claims, employees at MSPC were aware of a high probability that the Medicare program and other health care programs were receiving false bills for prolotherapy in that Medicare does not cover or pay for prolotherapy treatment. However, employees of MSPC failed to further investigate the reasons why MSPC's claims for reimbursement were being denied, and deliberately avoided learning the truth about either Medicare's billing requirements or whether prolotherapy could be billed to Medicare and other programs as injections or other procedures. As such, for claims after June 2013, MSPC's employees knew that their claims for prolotherapy were false, fictitious, and fraudulent.

COUNT ONE

9. Paragraphs 1 through 8 are incorporated by reference, as if fully set forth herein.

10. On or about July 30, 2013, in St. Louis County, Missouri, defendant Manish Suthar P.C., acting through corporate agents and employees that were acting within the course

and scope of their corporate duties, made and presented to the Medicare program of the U.S. Department of Health and Human Services a claim upon and against the United States, that is a claim for reimbursement under Current Procedural Terminology code 20550 for providing Medicare patient Z.F. with prolotherapy injections, knowing that the claim was false, fictitious, and fraudulent and material in that prolotherapy is a non-covered experimental procedure that cannot be properly billed to or reimbursed by the Medicare program.

UNITED STATES OF AMERICA)
EASTERN DIVISION)
EASTERN DISTRICT OF MISSOURI)

I, Andrew J. Lay, Assistant United States Attorney for the Eastern District of Missouri, being duly sworn, do say that the foregoing information is true as I verily believe.

RICHARD G. CALLAHAN
United States Attorney

ANDREW J. LAY #39937MO
Assistant United States Attorney

Subscribed and sworn to before me this 25th day of October, 2016.

Gregory J. Linhares
CLERK, U.S. DISTRICT COURT

By: Jason W. Dockery
DEPUTY CLERK